

**FEC
FORM 3**

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

14 OCT 23 PM 3:51

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FRIENDS OF CHRIS MCDANIEL

ADDRESS (number and street)

POST OFFICE BOX 125

 Check if different
than previously
reported. (ACC)

LAUREL

MS

39441

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00550657

 3. IS THIS
REPORT

X

 NEW
(N)

OR

 AMENDED
(A)

MS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

 M M D D
11 04

 Y Y
2014

 in the
State of

MS

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

 in the
State of

5. Covering Period

 M M D D
10 01

 Y Y
2014

through

 M M D D
10 15

 Y Y
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MELANIE SOJOURNER

Signature of Treasurer MELANIE SOJOURNER

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

 Office
Use
Only

FEC FORM 3
(Revised 02/2003)